

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

JUN 23 1937

1. PLACE OF DEATH

County Madison Registration District No. 0-38 File No. 20632  
Township St. Michael Primary Registration District No. 8723 Registered No. 85  
City (No. 2) St. (Ward)

2. FULL NAME

Hugh P. Snell  
(a) Residence, No. St. Ward.  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MC 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1 1909  
7. AGE YEARS 29 MONTHS 10 DAYS 3 If LESS than 1 day, hrs. or min.  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Soldier  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6th Infantry U.S.A.  
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greely Nebraska

13. NAME Don't know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Don't know Wash D.C.

18. BURIAL, CREMATION, OR REMOVAL PLACE Jefferson Barracks Mo DATE May 10 1937

19. UNDERTAKER (ADDRESS) at Jefferson Barracks Mo

20. FILED May 10 1937 S. C. S. Slaughter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10 1937  
22. I HEREBY CERTIFY, That I attended deceased from 5/10 1937 to May 10 1937.  
I last saw Deceased alive not his manager Death is said to have occurred on the date stated above, at 230%.

The principal cause of death and related causes of importance were as follows:  
Multiple fractures of skull with fracture of left femur  
Auto wreck

Other contributory causes of importance:  
Name of operation Date of  
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide accident Date of injury 5/10 1937  
Where did injury occur? Fredricktown Mo on Highway 61 (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury Auto crash accidental  
Nature of injury as above stated

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify Walter Barron M. D.  
(Signed) (Address) Fredricktown Mo

Ray C. D. Slaughter coroner Madison Co Mo

